

CONTINUATION PAGE FOR APPLICATION FOR PERMIT TO IMPORT BIOLOGICAL AGENTS OR VECTORS OF HUMAN DISEASE INTO THE UNITED STATES

FORM APPROVED OMB NO. 0920-0199 EXP DATE 01/31/2014

Continuation Page _____ of ____ continuation pages

SECTION A continuation, Other Persons Authorized to use Permit										
Permittee #2										
Permittee #2 1. Permittee's Last Name	2. First Na	ame		3. MI	4. Permi	ittee's Organization				
5. Physical Address (NOT a post office box)			6. City				7. State	8. Zip Code		
9. Telephone		10. Fax	ı			11. En	nail			
12. Will this individual be hand carrying the imported bio	ological age	nt? a Y	es b]No						
Permittee #3										
Permittee's Last Name	2. First Na	ame		3. MI 4. Permit			ittee's Organization			
5. Physical Address (NOT a post office box)			6. City				7. State	8. Zip Code		
9. Telephone	10. Fax				11. Email					
12. Will this individual be hand carrying the imported bio	ological age	nt? a Y	es b]No	•					
Permittee #4	T			T						
Permittee's Last Name	2. First Name 3.			3. MI	4. Permittee's Organization					
5. Physical Address (NOT a post office box)			6. City				7. State	8. Zip Code		
9. Telephone		10. Fax				11. En	nail			
12. Will this individual be hand carrying the imported bio	ological age	nt? a Y	es b	No						
Permittee #5										
Permittee's Last Name	2. First Na	ame		3. MI 4. Perm			mittee's Organization			
5. Physical Address (NOT a post office box)			6. City				7. State	8. Zip Code		
9. Telephone		10. Fax				11. En	nail			
12. Will this individual be hand carrying the imported bio	ological age	nt? a Y	es b	No						
Permittee #6	I			1	T					
Permittee's Last Name	2. First Na	ame		3. MI	4. Permi	ittee's	Organization	1		
5. Physical Address (NOT a post office box)			6. City				7. State	8. Zip Code		
9. Telephone		10. Fax				11. En	nail			
12. Will this individual be hand carrying the imported bio	ological age	nt? a Y	es b]No	L					

SECTION B continuation, Additional Senders of Imported Biological Agent(s)										
Sender #2										
1. Sender's Last Name		2. First Nam	ne	3. MI	4.	Organization				
5. Physical Address Outside of the US	(NOT a post office be	ox)	6. City	•		7. State/Prov.	8. Country	9. Postal Code		
10. Telephone	11. Fax					12. Email				
Sender #3										
1. Sender's Last Name		2. First Nam	ne	3. MI	4.	Organization				
5. Physical Address Outside of the US	(NOT a post office be	ox)	6. City			7. State/Prov.	8. Country	9. Postal Code		
10. Telephone	11. Fax					12. Email				
Sender #4										
1. Sender's Last Name		2. First Nam	ne	3. MI	4.	Organization				
5. Physical Address Outside of the US	(NOT a post office be	ox)	6. City	•		7. State/Prov.	8. Country	9. Postal Code		
10. Telephone	11. Fax					12. Email	l			
Sender #5										
1. Sender's Last Name		2. First Nam	ie	3. MI	4.	Organization				
5. Physical Address Outside of the US	(NOT a post office be	ox)	6. City	1		7. State/Prov.	8. Country	9. Postal Code		
10. Telephone	11. Fax		1			12. Email	I			
Sender #6										
Sender's Last Name		2. First Nam	ne	3. MI	4.	Organization				
Physical Address Outside of the US (NOT a post office box)		ox)	6. City			7. State/Prov.	8. Country	9. Postal Code		
10. Telephone	11. Fax		1			12. Email	I			
Sender #7						1				
1. Sender's Last Name		2. First Nam	ne 3. MI 4			4. Organization				
5. Physical Address Outside of the US (NOT a post office box)			6. City	1		7. State/Prov.	8. Country	9. Postal Code		
10. Telephone	11. Fax					12. Email	l			
Sender #8										
1. Sender's Last Name		2. First Nam	ie	3. MI	4.	Organization				
5. Physical Address Outside of the US	(NOT a post office be	ox)	6. City	1		7. State/Prov.	8. Country	9. Postal Code		
10. Telephone	11. Fax					12. Email				



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Continuation Page of continuation pages SECTION D continuation, Other Final Destinations of Imported Biological Agent 1. Last Name of Recipient #2 at Other Final 2. First Name 3. MI 4 .Destination Organization Destination 5. Final Destination Address (NOT a post office box) 6. City 7. State 8. Zip Code 10. Fax 9. Telephone 11. Email **SECTION E continuation, Description of Imported Biological Agent** 2. Provide a detailed description of the work to be accomplished with the imported agent(s) at final destination #2 1. Intended use(s) of imported (Describe your work clearly & simply. Include background, purpose, objectives, methods, etc.) agent(s) at final destination #2 a Diagnostic b Research Clinical trials d Education e Production f Other (please describe): SECTION G continuation, Final Destination #2 Laboratory Capabilities 2. Primary Containment to be used 4. Personnel Training provided 1. Laboratory Biosafety Level 3. Personal Protective Measures to a ABSL-1 e BSL-1 a None (open bench) be used a Risk(s) associated with the imported b ABSL-2 f BSL-2 b Class I Gloves biological agent(s) Class II, Type _ C ABSL-3 a BSL-3 Protective Clothing b Hazardous Material Packing/Shipping d ABSL-4 h BSL-4 d Class III Goggles and/or Face Shield c Laboratory Standard Practices e Fume Hood Facemask d Hazardous Waste Handling/Disposal Other (please describe): f Other (please describe): Respirators: Emergency Response Procedures Type 📊 N95/100 📺 PAPR g Spill Procedures **f** Immunizations h Other (please describe: g Other (please describe): SECTION D continuation, Other Final Destinations of Imported Biological Agent 1. Last Name of Recipient #3 at Other Final 2. First Name 3. MI 4 .Destination Organization Destination 5. Final Destination Address (NOT a post office box) 6. City 7. State 8. Zip Code 10. Fax 9. Telephone 11. Email SECTION E continuation, Description of Imported Biological Agent 1. Intended use(s) of imported 2. Provide a detailed description of the work to be accomplished with the imported agent(s) at final destination #3 agent(s) at final destination #3 (Describe your work clearly & simply. Include background, purpose, objectives, methods, etc.) a Diagnostic Research Clinical trials d Education e Production f Other (please describe): SECTION G continuation, Final Destination #3 Laboratory Capabilities 1. Laboratory Biosafety Level 2. Primary Containment to be used 3. Personal Protective Measures to 4. Personnel Training provided a None (open bench) a ABSL-1 e BSL-1 a Risk(s) associated with the imported be used b ABSL-2 f BSL-2 b Class I Gloves biological agent(s) C ABSL-3 Class II, Type __ b Hazardous Material Packing/Shipping g BSL-3 Protective Clothing d ABSL-4 d Class III Goggles and/or Face Shield Laboratory Standard Practices h BSL-4 Facemask d Hazardous Waste Handling/Disposal e Fume Hood d Other (please describe): f Other (please describe): Respirators: Emergency Response Procedures Type N95/100 PAPR Spill Procedures f Immunizations h Other (please describe:

Other (please describe):



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SECTION E continuation, Description of Additional Imported Biological Agents									
3. Scientific name of known/suspected biological agent(s) 4. Type(s) of Biological Agent									
									Recombinant
Genus	Species		Bacteria	Virus	Fungi	Toxin	Parasite	Prion	Genetic Material
a		а							
b		b							
С		С							
d		d							
е		е							
f		f							
g		g							
h		h							
i		i							
k		k							
m		m							
n		n							
0		0							
р		р							
q		q							
r		r							
S		S							
t		t							
U		u							
V		V							
W		W							
Х		Х							
у		У							
Z		Z							
aa		aa							
bb		bb							
CC		CC							
dd		dd							